

City of Minneapolis Licenses and Consumer Services

350 South 5th Street – Room 1C Minneapolis, MN 55415–1316 Phone: 612-673-2080 Fax: 612-673-3399 TTY: 612-673-2157

www.minneapolismn.gov/business-licensing

License Application Guidelines and Checklist

DBA:
Expiration: April 1
License Code: 19
Rev Code: 311002
MCO: 360.80
Adm Issuance: NO
LICENSE ID#
CSR:

License Type: Special All Night Bowling, Pool or Billiards Permit

Any establishment with either a bowling or pool hall/billiard license and an on-sale liquor, wine, or beer license, which is open to the public for up to 24 hours per day for games of bowling, pool and /or billiards. Establishments which do not sell beer, wine, or liquor are not eligible for this permit.

Staff Initials	Application Checklist
	☐ 1. Supplemental Change Form (Form #1)
	☐ 2. Amended Business Plan for Beverage Alcohol (Form #2)
	3. <u>Fee</u> \$

Additional Information

Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.

Information in Other Languages

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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Supplemental Change Form

π 1	
FOR OFFICE USE ONLY:	
LICENSE ID #:	
CSR:	
FEE: \$	
DATE:	
INSPECTOR:	
MPD FILE #:	

TYPE OF CHANGE TO LICENSE									
☐ Amending a Business Plan/Downgrade	☐ Internal Transfer of	Shares	Special All Night Bowling/Pool/Billiards						
Corporate Stock Purchase	☐ New Corporate Offi	cer	Special Late Night Food						
☐ Downgrading License(Entertainment)	☐ New Manager		Upgrading License(Entertainment)						
Expansion of Premises	☐ New Shareholder/Pa	artner							
	BACKGROUND INFORMATION								
I,, asOwnerPartner, on behalf of, (Legal Corporate Name of Business) request the following (Provide a detailed description.):									
Business Name (DBA)		Business Address							
Business E-mail Address		Alternative E-mail Address							
Business Telephone Number	Cell Phone Number		Type and Class of License Currently Held						
	VERIFICA	ΓΙΟΝ							
SIGNATURE	TITLE		DATE						
	TO BE COMPLETED		Y OF MINNEAPOLIS						
The Minneapolis Police Department Recom	mends: Approve	Deny							
Signature of Minneapolis Police Departmen	nt Representative								
Comments:									
The Minneapolis License Department Recommends: Approve Deny									
Signature of Minneapolis License Department Representative									
Comments:									

OFFICERS, DIRECTORS, and/or STOCKHOLDERS Attach additional sheets if necessary Publicly held corporations need list only shareholders with 10 percent of more corporate stock. # Shares or **Telephone** Name Address **Title** % of Ownership I, ______, the undersigned, do hereby declare under the penalty of perjury that as of this date, the (print name) following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership. Signature_____Title____ Date ____ Note: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting as documentation.



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Business Plan Amendments - Establishments with Beverage Alcohol

1. F [[ood Service List all the food that you will prepare and/or serve. Include prices. Describe kitchen, bar, and cooking equipment; and/or attach Food Plan Review. No changes.	
2. A	Describe staff training Plan – MCO 370.10 and 362.360 Describe staff training that includes name of trainer and topics covered. A list of programs is available on our website. Ongoing and regular training program Policy for carding and the use of electronic ID Scanners. Reward and discipline policy for serving alcohol to minors and Self audits. No changes.	
[b	ecurity Plan/Staffing Model – MCO 259.250 Attach your security plan which addresses how you will take appropriate action to prevent illegal conduct from anyone on ousiness premises and/or parking areas. No changes.	your
4. H	Tours of Operation Hours for every day of the week Inside and outside hours No changes.	
5. E	ntertainment Prepare a detailed statement of the nature of entertainment presented in your establishment Days and hours of the entertainment and Identify the age group at which the entertainment is directed. No changes.	
6. C [busin [[Describe how your establishment will be proactive in preventing negative secondary effects directly attributable to the exiness. Attach a detailed plan which explains how your establishment will address potential noise issues. (MCO 389) Attach a plan for cleaning litter within a 100 foot radius of your establishment. Include hours staff will be assigned. (MC Indicate the types of teams you may sponsor: softball, broomball, soccer, rugby, football, or other competitive sports. No changes.	
7. (Charitable Gambling Activities Identify the types of games Hours Gambling Manager and Name of Charity. No changes.	
	ACKNOWLEDGEMENT AND AGREEMENT	
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